

FILED JAN 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 178

BIRTH NO.		REG. DIST. NO. 37		PRIMARY REG. DIST. NO. 4044		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STURGEON</u>		c. LENGTH OF STAY (In this place) <u>ALL LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STURGEON</u>		0100	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HAROLD</u>		b. (Middle) <u>PALMER</u>		c. (Last)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>BLACK</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 8 - 1906</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		9b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>44</u>		10. MONTHS <u>11</u> YEARS <u>5</u> IF UNDER 18 SEE Hours Min.	
11. BIRTHPLACE (State or foreign country) <u>BOONE Co. - Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Palmer</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Harvey</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Hinn - Sturgeon - Mo.</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Renal Failure</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3-5 min</u> <u>2 yrs.</u> <u>442x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1948</u> , 19 <u>51</u> , to <u>1/18/51</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12th</u> , 19 <u>51</u> , and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Carroll J. Webb</u>		23b. ADDRESS <u>Sturgeon, Mo.</u>		23c. DATE SIGNED <u>15 Jan 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 16 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. PISGAH</u>		24d. LOCATION (City, town, or county) (State) <u>AUDRAIN Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 16 - 1951</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes & Boothe, Sturgeon Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-22-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4087

P. O. Address. Sturgeon - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.